No. 300
10.46

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10074

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1551

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3021 Euclid

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
d. STREET ADDRESS (If rural, give location): 3021 Euclid 3408 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothea
b. (Middle): Marie
c. (Last): Schmidt

4. DATE OF DEATH (Month): 3 (Day): 16 (Year): 53

5. SEX: Fe 1
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 24-1900
9. AGE (In years last birthday): 52 | If under 1 year: Months | Days | If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY: Retail Dept Store
11. BIRTHPLACE (City and State or Foreign Country): Blackburn Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Charles J Wagner
13b. MOTHER'S MAIDEN NAME: Hannah Rogge
14. NAME OF HUSBAND OR WIFE: Carl F Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x x
16. SOCIAL SECURITY NO.: 495-05-9371
17. INFORMANT'S SIGNATURE OR NAME: Carl F Schmidt
ADDRESS: 3021 Euclid

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum with — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None — 154X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): K C Mo Jackson
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 3-16, 1953, *that I last saw the deceased alive on* 3-16, 1953, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. H. Duncan MD (Degree or title)
23b. ADDRESS: 3227 Olive Mo
23c. DATE SIGNED: 3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 3-17-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: J W Wagner
ADDRESS: K C Mo

(Licensed Embalmer's Signature on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.